

03-09-05

Handwritten initials and date: 10/12/05



Approved for use through 07/31/2006. OMB 0051-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/579,543
Filing Date	May 26, 2000
First Named Inventor	Beatrice Gaugler
Art Unit	1642
Examiner Name	A. M. Harris
Attorney Docket Number	NY-LUD 5353-US5-DIV

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard Check
--	--	---

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	FULBRIGHT & JAWORSKI L.L.P.		
Signature	<i>Norman D. Hanson</i>		
Printed name	Norman D. Hanson	Reg. No.	30,946
Date	March 8, 2005		



Application No. (if known): 09/579,543

Attorney Docket No.: NY-LUD 5353-US5-DIV

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV 331563804 US in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on March 8, 2005
Date

Fani Malikouzakis
Signature

Fani Malikouzakis

Typed or printed name of person signing Certificate

@@@
Registration Number, if applicable

(212) 318-3220
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Notice of Appeal (1 page)
Transmittal (1 page)
Check in the amount of \$950.00



Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004.
pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL **For FY 2005**

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**950.00**

Complete if Known

Application Number	09/579,543
Filing Date	May 26, 2000
First Named Inventor	Beatrice Gaugler
Examiner Name	A. M. Harris
Art Unit	1642
Attorney Docket No.	NY-LUD 5353-US5-DIV

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 50-0624 Deposit Account Name: Fulbright & Jaworski L.L.P.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Each claim over 20 (including Reissues)	50	25		
Each independent claim over 3 (including Reissues)	200	100		
Multiple dependent claims	360	180		
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 20 = _____	x _____	= _____		Fee (\$) Fee Paid (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
- 3 = _____	x _____	= _____		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/50 _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)		Fees Paid (\$)
Other (e.g., late filing surcharge): 1252 Extension for response within second month	450.00	
1401 Notice of appeal	500.00	

SUBMITTED BY

Signature		Registration No (Attorney/Agent)	30,946	Telephone	(212) 318-3168
Name (Print/Type)	Norman D. Hanson	Date	March 8, 2005		